



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 A
Secretary of State

DOCUMENT # 601729	
1. Entity Name MELZER & MEANS, ORAL SURGERY GROUP, P.A.	

Principal Place of Business 1540 VENERA AVENUE CORAL GABLES, FL 33146	Mailing Address 1540 VENERA AVENUE CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE

	
01042005 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-1278931	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MELZER, CARL J. 11220 S.W. 58TH CT. MIAMI, FL 33156

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when recertifying)	DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP MELZER, CARL 11220 SW 58 CT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEANS, WILLIAM 940 ANDORA AVE CORAL GABLES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u><i>Carl Melzer</i></u> CARL MELZER <u>1/5/05</u> 305 667-1191	Date	Daytime Phone #
PRESIDENT		